

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	17	↔		↔		↔
TOTAL CLAIMS	20	↔	↔	↔	↔	↔

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔	↔	↔	↔	↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS